

Instructions:

- 1. Please PRINT or TYPE.
- 2. Upon Completion, Send this form to:
 Indiana Commission on Proprietary Education
 302 W Washington St RM E201
 Indianapolis IN 46204

Name of student	Date
Address (number and street)	
City, State, ZIP code	
Signature of student	Telephone number

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Name of school		Location of school		
Name of salesperson		How were you contacted?		
·				
Date contract signed	Amount	Balance owed	Date you began class	Date attendance ended
Date contract signed	Amount		Date you began class	Date attendance ended
	\$	\$		
What relief are you seeki	ing?			
Describe below, in detail	, the events leading to this	complaint. (Use reverse	side if additional space is needed.)	

DESCRIPTION OF COMPLAINT (Continued)	